IN – ABC Roundtable discussion and presentation by David Goatee
November 18, 2005
Glendale Mall Library, Indianapolis

Roundtable: Discussion of changes in reimbursement – monthly rate versus time
Annual contracts requires 60-day notice to terminate.
Some BCs have been told they cannot give notice.
Liability being questioned.
The IN ABC lawyer is looking into the changes and whether or not they meet 460 rules.
New provider agreements are needed, due to changes since rules have changed.
Under the new system, providers are supposed to sign new annual contracts.
Are we compromising services?
What are our standards?
Clients and BC services are being devalued by new system.
System is no longer ethical.
Are we enabling system by working for free, because we meet needs regardless of reimbursement?
Are we sacrificing innovation and individualization through the state telling us how to do our jobs?
Clients are at risk, due to cutbacks from bad financial planning.
We need to improve quality of services, rather than reacting to crises.
Each BC does things differently and has different formats.
BC job functions vary – may include being staff, case manager, etc.
The time spent training and retraining staff includes some latitude per rule to train the trainer.
Other states are in similar situations.
A minimum level of Bman services should be established and those services purchased.
The Matrix has been renamed Oasis.
The maladaptive behavior scale is available for basing fee-for-services.
What is the minimum amount of services needed to meet guidelines?
The quality of staff impacts our service delivery
Providers have leeway to be unethical.
Residential services are deteriorating.
Risk-management – want to reduce paperwork for incident reports.
Some BCs have been low-bidding each other.
Should we abandon our professionalism and ethics when times are tough?
Ethically, we cannot leave a 'less than' client, for whom we're the only stable person. Should the 'higher thans' compensate?
The dollars stay with the client, not the provider.
Running the system as a business is unethical individually.
Do we not serve, due to ethics based on budget?
WE need 3 levels of minimum needs/services
Oregon has no BCs – could terminate our jobs. We need to band together for our future.
We've enabled the state to pay us peanuts.
A subcommittee is needed to work on these issues.
Regardless of our empathy for the client, there must be a minimum rate for services or we're devalued and providing subadequate services
Appeals can be sent requesting a decrease in rate

$.02 rates are place holders for the service
More HSPPs are quitting, due to budget cuts.
BCs cannot bill for services until the end of the month.
What are we willing to not do, based on budget?
Should we be performance or outcome-based versus documentation-based (to meet BQIS)?
More BCs need to be involved in bettering our service delivery.

Mentoring Program update provided by Jim Sanders:
We have provisional approval on remediation plan
2-day state-wide training will be mandatory
Train the trainer on positive behavior supports is not required
Bman training on 460 and best practices is mandatory.

Handout: proposal summary and mentoring agreement
Handout: response from BDDS helpline to Jim's inquiry regarding being required to have BSPs in place before NOA approved or client released from state facility (for which no Bman reimbursement is received), writing plans without meeting the client. Suggestion: temporarily adopt facility's BSP.
Handout: Activities/volume Needed to Meet 460 Guidelines.

Presentation by David Goatee, Deputy Director of DRS: addressing new changes in Waiver billing
BC and Bman questions were rare until he encountered the "Merrillville group", who were encouraged to write proposals for solutions.
Current projects include closing Ft Wayne State Developmental Center and budget challenges.
The Feds capped the growth rate to 5%, which caused the State to have to deal with a finite amount of money.
There is an enormous waiting list for the Wavier (15,000), with 150 new additions per year.
Currently, 9500 to 10,000 are being served.
State needed to stretch money to provide services to more people.
They need to make the money go further, to reduce the waiting list.
The choices were not easy and included meeting with ARC and INARF.
Advice to INABC: get our voice together and direct it at the State (encourage the state to turn to us for answers).
Mr. Goatee is open to working in a partnership with IN ABC.
The old system ground to a halt, clients lived in 15-minues increments.
Billing problems were based on the budget from prior year.
They needed to simplify provision of services and add flexibility
They want to develop a crisis management system of the state.
They wanted to bundle services to include 3 rates (to simplify billing).
They received much unsolicited feedback from BCs.
They didn't bundle services, due to uniqueness of our services - we're more valuable independently.
They combined codes, added, then divided by 365 to determine rate for annual contract.
Their target is to help outcomes in the ISP (ISP system needs to focus on outcomes) and show progress. They want to pay for outcomes and results.
Bman was divided by 12 and given an 8% reduction for administrative costs savings.
Clients under $60,000 had no change, those higher were reduced, those above 165,000 had a 9% reduction.
Their logic was that a pool of money would be available to providers to provide services, rather than on a person by person basis, since the money belongs to the state, not the individual.
There was no day service reduction, since those services are cost effective.

No client ever got 100% of budgeted services.
Only 80% of residential was billed.
They only looked at the incurred paid claims over the fiscal year.
Denied claims were not considered in calculation – that's what the rate adjustment form is for (due 11/30/05).
Bill for units (even if appealing). Correction will be retro to 11/1/05. Payment will be sent automatically.
They want to reduce administration duties, so more services can be provided.
For new services, the case manager should submit information in the usual way, using justification (incident reports) for a reasonable place to start.
We should shift services across time and clients.
Assess people's needs based upon 3 levels and establish minimum amount and how to adjust for needs over time.
Average amount of time spent on client by case managers equaled 3 hours per month.
They're trying to make billing life simpler.
Mr. Goatee was given the level of services determination guidelines developed by Dr. Milar a couple of years ago.
The new formula was based upon previous cuts and a flawed system.
IN ABC requested list of all BC providers in state to assist us in contacting them and making them aware of our association and get their involvement.
Mr. Goatee suggested we form an executive committee to meet monthly with him. He's willing to modify system to work better for us.
The current rule covers HSPP and must be changed to discontinue Level 1.

Respectfully submitted by CJ Gallihugh, Secretary 12/2/05